



Northwestern Minnesota Synod  
Evangelical Lutheran Church in America

**Congregation Recommendation For Synod Authorized Minister**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Congregation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Pastor: \_\_\_\_\_

**Congregational Membership**

Date of Applicant's Membership in your congregation: \_\_\_\_\_

Means (i.e. transfer, baptism, adult confirmation, etc.): \_\_\_\_\_

Number of years as a Member: \_\_\_\_\_

Please share a brief history of this person's participation in the life of your congregation including any specific areas of responsibility and service.

We hereby recommend this member of our congregation to be considered for service in the Church as a non-rostered Synod Authorized Minister.

Council President: \_\_\_\_\_ Date \_\_\_\_\_

Pastor: \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to: Northwestern Minnesota Synod, Concordia College, Moorhead MN 56562**